BEHAVIORAL OBSERVATIONS
(Check all Relevant Categories)

- ☐ Aggressive
- ☐ Agitated
- ☐ Delusional
- ☒ Eye Contact Poor
- ☐ Hallucinating
- ☐ Hyperactivity
- ☐ Irrational
- ☐ Labile
- ☐ Lethargic
- ☐ Loose Associations
- ☐ Manipulative
- ☐ Paranoia
- ☐ Passive
- ☒ Withdrawn
- ☐ Terrified/Crying
- ☐ Other: _____

Comments:

MENTAL STATUS EXAMINATION
(Write in Brief Description)

Affect: Flat	Appearance: well groomed
Concentration: average	Intellectual Functioning: average
Mood: depressed	Memory: poor
Orientation: x4	Speech: slow, soft

Other:

SUICIDE POTENTIAL SCREENING

1.	Correctional or Transporting Officer reports inmate may be suicidal risk.	☐ Yes ☒ No
2.	Experienced a significant loss within last six months. Describe: _____	☐ Yes ☒ No
3.	Worried about major problems other than legal situation. Describe: Refuses to Say	☒ Yes ☐ No
4.	Holds position of respect in community and/or alleged crime is shocking in nature.	☐ Yes ☐ No
5.	First involvement with legal system. Describe: _____	☐ Yes ☒ No
6.	Appears to feel unusually embarrassed or ashamed.	☐ Yes ☒ No
7.	Expresses feelings of helplessness or hopelessness.	☐ Yes ☒ No
8.	Shows signs of depression: crying, (emotional flatness) Describe: _____	☒ Yes ☐ No
9.	Appears overly anxious, afraid, or angry.	☐ Yes ☒ No
10.	Is acting and/or talking in a strange manner. (cannot focus attention, hallucinating)	☐ Yes ☒ No

SUICIDE POTENTIAL SCREENING (continued)

11.	Has made previous suicide attempts. Date of most Recent Attempt: 1999 Method: Cut self Number: 4±	☒ Yes ☐ No
12.	Expresses thoughts of killing self.	☐ Yes ☒ No
13.	Has a suicide plan. Describe:	☐ Yes ☒ No
14.	Has the means to carry out the suicide plan. ☒ N/A	☐ Yes ☐ No
15.	Family member or significant other has attempted or committed suicide. Relationship: Best Friend Date: When in 7th grade Method: Gun	☒ Yes ☐ No
	TOTAL YES/NO COUNT	Yes 4 No 11

If there are any checks in the Behavioral Observation Section (pg. 1), or if the total yes count in Suicide Potential Screening

DISPOSITION

(check all appropriate boxes)

- ☐ Place on continuous suicide watch
- ☐ Place on close suicide watch
- ☒ Psychiatric medication order needed

REFERRAL FOR MENTAL HEALTH EVALUATION:
(check one box)

- ☐ Emergency referral (1 hr)
- ☐ ASAP referral (3 days)
- ☒ Routine referral (30 days)
- ☐ No referral

(check one box)

- ☐ Place in crisis/safe cell
- ☐ Place in special housing
- ☐ Place in RTU
- ☒ Place in general population

Mental Health Classification Assigned

- ☐ N
- ☐ C_1
- ☒ C_2
- ☐ C_3

Comments:

Inmate Name: Mark

Number: 329-989

Initial Medical/Mental Health/Substance Use Screening

Provide information in the *Comment* section for all questions answered *yes*.
All information is based upon self report of inmate.

Date of Interview: 11-28-99	Signature/Title of Interviewer: P. Nicastro RN BSN	
Time of Interview: 900pm	Institution: TCI	Printed Name/Title of Interviewer: Pat Nicastro RN
Date of Arrival at Institution: 2 mos. ago	Time of Arrival at Institution: ———	Received from: Lucasville
Inmate Name: Woods, Bruce		Inmate Number: 329 889

1	☒ Yes	☐ No	History of outpatient mental health treatment
2	☐ Yes	☒ No	History of inpatient treatment
3	☒ Yes	☐ No	History of head injury
4	☒ Yes	☐ No	History of violent behavior
5	☒ Yes	☐ No	History of suicide attempts**
6	☐ Yes	☒ No	Current suicidal thoughts**
7	☐ Yes	☒ No	Current suicide plan**
8	☐ Yes	☒ No	Ability to carry out current suicide plan**
9	☒ Yes	☐ No	Unusual behavior/affect**
10	☐ Yes	☒ No	Current psychotropic medications (see current medication on medical form)
11	☐ Yes	☒ No	Hallucinations** in past at age 12-13
12	☐ Yes	☒ No	Was this inmate on caseload at sending institution. If discharged, give date:

Yes responded to items with ** should be referred for either immediate attention or evaluation as dictated by the individual circumstances.

Comments:

☒ Yes ☐ No Mental health orientation information given to inmate

MENTAL HEALTH DISPOSITION (Check one or more)

☐ Yes	☒ No	Crisis/Safe cell assignment requested
☒ Yes	☐ No	Special housing assignment requested
☐ Yes	☒ No	Routine housing requested
☒ Yes	☐ No	Emergency mental health referral

MEDICAL DISPOSITION

☒ Yes	☒ No	Special Needs Unit	☐ Yes	☒ No	Emergency Transport
☐ Yes	☒ No	Infirmary Admission	☐ Yes	☒ No	Routine Housing
☒ Yes	☐ No	Physical Referral			

SUBSTANCE USE SCREENING

☐ Yes	☒ No	History of alcohol and drug problem.
☐ Yes	☒ No	Previous alcohol and drug treatment.
☐ Yes	☒ No	History of alcohol and drug problem when ceasing use.

			Date of Last Use	Method	Frequency
Alcohol	☐ Yes	☒ No			
Amphetamines	☐ Yes	☒ No			
Cannabis	☐ Yes	☒ No		1	
Cocaine	☐ Yes	☒ No			
Hallucinogens	☐ Yes	☒ No			
Inhalants	☐ Yes	☒ No			
Nicotine	☐ Yes	☒ No			
Opiates	☐ Yes	☒ No			
Phencyclidine	☐ Yes	☒ No			
Sedatives	☐ Yes	☒ No			

Frequency of Use Codes:
1 = Less than 12 times yearly
2 = Once per month
3 = Twice per month
4 = Once per week
5 = 2 times per week
6 = More than 3 times per week
7 = Daily
8 = Binge

Method of Administration Coding:
1 = Oral
2 = Intravenous
3 = Subcutaneous
4 = Inhalation
5 = Intranasal
6 = Smoking
7 = Freebase
8 = Other

Mental Health Transfer Summary

Inmate Name:	Inmate Number:	Institution:	Date:
WOODS, BRUCE	329-189	TCI	3/13/2000

Reason for request: HOMICIDE TRANSFER

- ☐ Custody: change from _____ to _____
- ☐ Mental Health: needs _____
- ☐ other _____
- ☐ Program: needs _____
- ☐ Medical: needs _____
- ☐ Classification process

RECEIVED MAR 13 2000 TCI MENTAL HEALTH SERVICES

Current Mental Health level: ☐ N ☑ C1 ☐ C2 ☐ C3

Psychiatric medications prescribed: ☑ Yes ☐ No

Is this transfer outside the cluster: ☑ Yes ☐ No ☐ Do not know

Mental Health Concerns: Watch status within last 10 days: ☐ Yes ☑ No Type: _____

① Does have hx of Depression. Has made veiled threats of self injury + "going off" in the past (10/99) had 2 previous attempts in 1998 (pen ink or type of attempt).

Name of person completing report:	Signature of person completing report:	Date:
Monica Bowden, ACC		3/13/00

If the transfer involves an inmate on the Mental Health caseload to be transferred to an institution OUTSIDE the cluster, the Bureau of Mental Health Services must approve the transfer.

☑ Approved ☐ Denied

Bureau of Mental Health Services:	Date:
	3/14/00

Axis I: Depressive Disorder NOS. Current prescribed medication:

Axis II: Deferred.

Axis III: None.

Compliance (3 months)

31 Jan 00	31 Jan 00	1 Feb 00
100%	93%	93%

Changed in last month: ☐ Yes ☑ No

Housing recommendations:

Current mental status and summary of progress in treatment:

① Stable at this time. Less depressed + compliant w current meds. If transferred - should be transferred to another RTU.
② does not attend any groups - would benefit from group + individual counseling along w/ medications

Signature of person completing this section:	Mental Health Manager:

WHITE - Submitted with transfer request to Bureau of Classification DRC 5160 (Rev. 8/99) CANARY - File in Inmate's Mental Health file in "Screening/Evaluation Assessment" section

Mental Health Transfer Summary

Inmate Name:	Inmate Number:	Institution:	Date:
Woods, Bruce	329-889	TCI	3-28-2000

Reason for request:

- ☐ Custody: change from _____ to _____
- ☒ other HARDSHIP TRANSFER
- ☐ Medical: needs _____
- ☐ Mental Health: needs _____
- ☐ Program: needs _____
- ☐ Classification process

Current Mental Health level: ☐ N ☒ C1 ☐ C2 ☐ C3

Psychiatric medications prescribed: ☒ Yes ☐ No

Is this transfer outside the cluster: ☒ Yes ☐ No ☐ Do not know

Mental Health Concerns: Watch status within last 10 days: ☐ Yes ☒ No Type: _____

Has history of Depression. Several months ago made threats of self-injury & "going off." Had 2 previous "attempts" reported, in 1990.

Name of person completing report:	Signature of person completing report:	Date:
A. Michael Ricciardi, Ph.D.	A. Michael Ricciardi, PhD.	3-28-2000

If the transfer involves an inmate on the Mental Health caseload to be transferred to an institution OUTSIDE the cluster, the Bureau of Mental Health Services must approve the transfer.

☒ Approved ☐ Denied

Bureau of Mental Health Services:	Date:
[illegible]	3/29/00

WHITE - Submitted with transfer request to Bureau of Classification
DRC 5180 (Rev. 6/99)

CANARY - File in inmate's Mental Health file in "Screening/Evaluation Assessment" section

State of Ohio
Department of
Rehabilitation and Correction

Intrasystem Transfer and Receiving

HEALTH SCREENING FORM

Name:	Woods, Bruce
Number:	329-889
Date of Birth:	10-18-66
Race: B	Sex: M

Date: 4/18/00	Time: 1915	Transferring Institution: SOCF
Diagnosis: 1		Medications: 1 Paxil 20mg QHS
2		2
3		3
4		4
Allergies:		PPD mm: / PPD Date: / Tetanus date:
Current Treatments:		Diets:
Pending Consults:		Chronic Care Clinics:
Follow-Up Care Needed:		
Disabilities, Limitations, Prosthetic Devices:		
Presently on Suicide Watch? ☐ Yes ☐ No		History of Suicide Attempts? ☐ Yes ☐ No Date:
On Psychotopic medications? ☐ Yes ☐ No		Signature:

Date: 4/18/00	Time:	Receiving Institution: WCI
SUBJECTIVE Complaints:		
Diagnosis: 1 Mental health hx.		Medications: 1 PAXIL 20mg QHS
2		2
3		3
4		4
OBJECTIVE:	Physical Appearance, Behavior:	
vital signs: Temp: 98	Pulse: 84 Resp: 16	BP: 110/70 Weight: 170
ASSESSMENT:		
PLAN (Disposition): ☐ Routine (Advised how to access Health Care)		☐ DSC Appointment Date:
☐ Pending Consults noted: None		☐ Chronic Care Clinic appointment date: None
☐ Placed in infirmary ☐ Special housing		☐ Therapeutic diet ordered ☐ Work/program limitations ordered
☐ Health Education Material Reviewed		Signature: S. Wolfe

Intrasystem Transfer and Receiving Form

Initial Medical/Mental Health/Substance Use Screening

Provide information in the *Comment* section for all questions answered *yes*.
All information is based upon self report of inmate.

Date of Interview: 7-13-00 Signature/Title of Interviewer:

Time of Interview: Institution: WCI Printed Name/Title of Interviewer:

Date of Arrival at Institution: Time of Arrival at Institution: Received from: DCF

Inmate Name: Woods, Bruce Inmate Number: 324-887

1	☑ Yes	☐ No	History of outpatient mental health treatment
2	☑ Yes	☐ No	History of inpatient treatment
3	☑ Yes	☐ No	History of head injury 1995 hit baseball bat.
4	☑ Yes	☐ No	History of violent behavior
5	☑ Yes	☐ No	History of suicide attempts** 1999 cut wrists
6	☐ Yes	☐ No	Current suicidal thoughts**
7	☐ Yes	☐ No	Current suicide plan**
8	☐ Yes	☐ No	Ability to carry out current suicide plan**
9	☐ Yes	☐ No	Unusual behavior/affect**
10	☐ Yes	☐ No	Current psychotropic medications (see current medication on medical form)
11	☐ Yes	☐ No	Hallucinations**
12	☐ Yes	☐ No	Was this inmate on caseload at sending institution. If discharged, give date:

Yes responded to items with ** should be referred for either immediate attention or evaluation as dictated by the individual circumstances.

Comments:

☐ Yes ☐ No Mental health orientation information given to inmate

MENTAL HEALTH DISPOSITION (Check one or more)

☐ Yes	☐ No	Crisis/Safe cell assignment requested
☐ Yes	☐ No	Special housing assignment requested
☑ Yes	☐ No	Routine housing requested
☐ Yes	☐ No	Emergency mental health referral

MEDICAL DISPOSITION

☐ Yes	☐ No	Special Needs Unit	☐ Yes	☐ No	Emergency Transport
☐ Yes	☐ No	Infirmary Admission	☑ Yes	☐ No	Routine Housing
☐ Yes	☐ No	Physical Referral			

SUBSTANCE USE SCREENING

☐ Yes	☑ No	History of alcohol and drug problem.
☐ Yes	☑ No	Previous alcohol and drug treatment.
☐ Yes	☐ No	History of alcohol and drug problem when ceasing use.

			Date of Last Use	Method	Frequency
Alcohol	☐ Yes	☑ No			
Amphetamines	☐ Yes	☑ No			
Cannabis	☐ Yes	☑ No			
Cocaine	☐ Yes	☑ No			
Hallucinogens	☐ Yes	☑ No			
Inhalants	☐ Yes	☑ No			
Nicotine	☐ Yes	☑ No			
Opiates	☐ Yes	☑ No			
Phencyclidine	☐ Yes	☑ No			
Sedatives	☐ Yes	☑ No			

Frequency of Use Codes:
1 = Less than 12 times yearly
2 = Once per month
3 = Twice per month
4 = Once per week
5 = 2 times per week
6 = More than 3 times per week
7 = Daily
8 = Binge

Method of Administration Coding:
1 = Oral
2 = Intravenous
3 = Subcutaneous
4 = Inhalation
5 = Intranasal
6 = Smoking
7 = Freebase
8 = Other

DETAILED MENTAL HEALTH SCREENING FORM

MENTAL HEALTH HISTORY

1. History of psychotropic medications — (Yes) No
   Current usage — Yes (No)
   List Medications _____
   Evidence of EPS — Yes (No)
2. History of psychiatric hospitalization — Yes (No)
3. History of out-patient mental health treatment — Yes (No)
4. History of violence: (circle those that apply) — (Yes) No
   Behavior Threats
   Verbally Assaultive Physically Assaultive
5. History of self-injurious behavior — Yes (No)
6. History of head injury, trauma — Yes (No)
   Describe: _____
7. Length of time in country jail: ___ Years 5 Months
8. History of placement in any special education programs — Yes (No)

BEHAVIORAL OBSERVATION

(Circle all Relevant Categories)

Aggressive	Irrational	Passive
Agitated	Labile	Rational
Delusional	Lethargic	Terrified/Crying
Eye Contact	Loose Associations	Withdrawn
Hallucinating	Manipulative	Other _____
Hyperactivity	Paranoia	

MENTAL STATUS EXAMINATION

(Write in Brief Description)

Affect Inapp
Concentration Absent
Mood Pleasant to Flat
Orientation X 3
Other _____
Appearance Clean
Intellectual Functioning Av
Memory Intact
Speech Clear

ODRC Health History Available — (Yes) No

Screened By _____ Title _____
Date 6/6/97 Time 1:22 PM

Reviewed by _____ Title _____
Date _____ Time _____

Inmate Name Woods Number 329-889
Institution Lake

SUICIDE POTENTIAL SCREENING

1.	Correctional or Transporting Officer reports subject may be suicidal risk.	Yes (No)
2.	Experienced a significant loss within last six months. Describe _____	Yes (No)
3.	Worried about major problems other than legal situation. Describe _____	Yes (No)
4.	Holds position of respect in community and/or alleged crime is shocking in nature.	(Yes) No
5.	First involvement with legal system.	Yes (No)
6.	Appears to feel unusually embarrassed or ashamed.	Yes (No)
7.	Expresses feelings of helplessness or hopelessness.	(Yes) No
8	Shows signs of depression: crying, emotional flatness Describe _____	(Yes) No
9.	Appears overly anxious, afraid, or angry.	Yes (No)
10.	Is acting and/or talking in a strange manner. (Cannot focus attention, hallucinating)	Yes (No)
11.	Expresses thoughts of killing self.	Yes (No)
12.	Has made previous suicide attempts. Number 2	(Yes) No
	Date of Most Recent Attempt 95 Method OD.	(Yes) No
13.	Has a suicide plan. Describe _____	Yes (No)
14.	Has the means to carry out the suicide plan.	Yes (No)
15.	Family member or significant other has attempted or committed suicide.	Yes (No)
	Relationship _____	
	Date _____ Method _____	
	TOTAL YES/NO COUNT	5/10

If there are any circles in shaded areas, or if the total yes count is six or more, review for special watch status and refer for mental health evaluation.

DISPOSITION

- ✓ Approved for general population; no mental health referral
- _____ Approved for general population; routine mental health referral
- _____ Special Housing - ASAP mental health referral
- _____ Suicide precaution procedures - emergency mental health referral
- _____ Psychiatric medications order needed

INTER-DISCIPLINARY TREATMENT PLAN
Mental Health Services

Inmate Name: Bruce Woods
DOB: 10/18/1966
Race: Black
EDS Date: / /
Institution Date: 04/18/2000

Inmate #: A-329-889
Gender: Male
MH Level: C2
Original DR&C Date: 06/25/1996
Projected Parole Date: / /

Date of this Plan: 05/11/2000

Next Review Date: 08/11/2000

Axis I:	1. Depressive Disorder NOS 311 2. Alcohol Abuse 305.00
Axis II:	1. Personality Disorder NOS 301.9 2. Antisocial Personality Features
Axis III:	(No Diagnosis) V71.09
Axis IV:	Incarceration
Axis V (Current):	40
Axis V (Highest):	40
Drug(s) of Choice:	Alcohol
Therapeutic Assets:	Intelligent

Current Psychotropic Medications: Paxil

Master Treatment Plan, Mental Health Services
Problem Listing Section

Active PSYCHIATRIC Problems:

Problem #1 Problem Status: Active

PROBLEM: Inmate Woods obtains attention through self-mutilating behavior.
This problem was evidenced by:
1. Reports form non-custody staff
2. Patient's social history
3. Patient's own report
4. Medical history and physical
5. Inter-disciplinary progress notes

GOAL: Inmate Woods will use alternative ways of obtaining attention, other than self-harmful behavior, and will be able to discuss these alternatives in therapeutic sessions.

No.	Objective:	Intervention:	Target Dates:
1A	Inmate Woods will practice positive attention-seeking behavior in the group setting.	Kim Demeter L.S.W. will offer monthly groups where Inmate Woods may receive positive reinforcement for active participation.	08/09/2000
1B	Inmate Woods will be able to describe the effects of his behavior on others and will make short-term (weekly) commitments to change behavior by using problem-solving techniques.	Kim Demeter L.S.W. will provide one 30 min session to focus on behavioral insight, behavior change, and problem-solving skills.	08/09/2000

Discharge Criterion: Inmate Woods will discontinue self-mutilating behavior and will be able to obtain attention in positive and appropriate ways.

Master Treatment Plan, Mental Health Services
Problem Listing Section

Problem #2 Problem Status: Active

PROBLEM: Inmate Woods experiences symptoms of depression including , which interfere with his daily life.
This problem was evidenced by:
1. Reports form non-custody staff
2. Patient's own report
3. Inter-disciplinary progress notes

GOAL: Inmate Woods's symptoms will diminish to the point that his daily functioning will no longer be affected, and he will be able to remain in general population housing.

No.	Objective:	Intervention:	Target Dates:
2A	Inmate Woods will be able to accurately state the name, dose, effects and side effects of his medication.	Sagi Raju, M.D. will provide medication to help manage depression with review/ reassessment monthly. Psychiatric Nurse will teach Inmate Woods about the effects of his medicine in at least 1 group or individual session, and will provide compliance counseling as needed.	11/07/2000
2B	Inmate Woods will be able to describe some alternative methods of relieving depression which he may use in addition to medication.	Psychiatric Nurse will teach Inmate Woods about lifestyle choices that may impact mood in Wellness Group, monthly. Kim Demeter L.S.W. will address alternative methods of relieving depression during monthly contact visits.	11/07/2000
2C	Inmate Woods will verbally and/or non-verbally identify and express his emotions, feelings and/or opinions in a healthy manner.	Kim Demeter L.S.W. will address expression of emotions during individual sessions, monthly.	08/09/2000

Discharge Criterion: Inmate Woods's objective symptoms will diminish and he will report feeling better.

Inmate Name: Bruce Woods
Inmate #: A-329-889

Master Treatment Plan, Mental Health Services
Problem Listing Section

Patient Agreement:

I have had the opportunity to participate in the development of this mental health treatment plan, and consent to the treatment described herein.

√ Woods 329889

Bruce Woods, Inmate
A-329-889

5-17-2000

Date

I agree with this plan, with the following exceptions(s):

Signatures of the Interdisciplinary Team:

S. Raju MD

Sagi Raju, M.D., Psychiatrist

Psychiatric Nurse Psychiatirc Nurse

RN CRTT

Kim Demeter L.S.W., Mental Health Liaison

Inmate Name: Bruce Woods
Inmate #: A-329-889

TREATMENT PLAN REVIEW

Scheduled Review Date:	Date of Review:
11/29/99	11/29/99

[No]tes: (I) affect flat, mood calm and cooperative. (I) reports doing "alright" [on] the block. Mr. Woods reports that his depression is "alright." (I) denies s/i h/i or A/V [ha]llucinations at present. (I) reports that he was placed on watch this weekend because he told Dr. King [tha]t sometimes he thinks about "what it would be like not to be here" -- meaning "to be dead." [(I) r]eports that this is not the time to commit suicide -- due to holidays. x. (I) can't sign due to cuffs.

[Sta]ff Members Present: Rlisby, [illegible], V. Pirouitt

Scheduled Review Date:	Date of Review:
	11/30/99

[Min]utes: Underlying hostility. Unwilling to share feelings. [Di]fficult, not wanting to interact c team. Att. Dr. informed (I) he would [ref]er him to other psychiatrist. Refused to take responsibility for being on [con]stant watch.

(I) cuffed.

[Sta]ff Members Present: A Marciano, [illegible]

Scheduled Review Date:	Date of Review:
12/1/99	12/1/99

[Min]utes: (I) reports doing "alright" today. (I) denies s/i h/i or A/V hallucinations. [(I)] eye contact good. Treatment team processed parameters per (I) compliance with treatment [i]n the RTU. No c/o.

Woods 329999

[Sta]ff Members Present: Rlisby, C/O [illegible], V. Pirouitt, [illegible], [illegible]

Inmate Name: Woods, Bruce

Inmate Number: 328-889

[DRC] 5198 (Rev. 12/97)
[DRC] 4349, 4351, 4354, 4355

TREATMENT PLAN

12/10/99 | Name: Words, Bruce | No.: 329-889 | Treatment Coordinator: R. Risby M.S. Ed. M.H. Liason

Depression N.O.S.

deferred

Diagnosis:

Axis IV: incarceration

Axis V: current GAF 61

Problem Identified	No.	Problem	Goals/Objectives	Interventions/ Frequency	Staff Responsible	Target Date	Date/Status (A or C or R)
~~12/10/99~~ 7/99	①	depression -- Ⓘ at risk for self-harm h/t suicide attempts x2	① Ⓘ will manage depressive symptoms monitor suicidal thoughts and report them to mental health staff. ② Ⓘ will become active in structured programming to ↓ depression.	① M.H. staff will monitor Ⓘ potential for self harm and educate Ⓘ on depression management tools. ② - group counselors will engage Ⓘ in structured group activities.	- psychiatrist - psych. nurses - M.H. liason - Mrs. See - Ms. Provitt	12/2000 12/2000	

Check here if continued on reverse. ☐

Name and Title of Treatment Members:

Name and Title: S. Ky MD

Name and Title:

Signature and Title: [signature]

Signature and Title: R. Risby M.S. Ed. M.H. Liason

Signature and Title:

Signature and Title: V. Prewitt, Act. Ther.

Signature and Title:

Signature and Title:

I participated in the formulation of this treatment plan. Although this is not a legally binding contract, I realize that failure to participate in the prescribed activities could result in suspension or removal from specific treatment activities.

Words 329889 | Date: 12-10-99 | Witness Signature and Title: R. Risby MS Ed Mental Health Liason | Date: 12/10/99

Patient Refused to Sign

Institution: TCI

*Status: A = Attained C = Cancelled R = Revised

(Rev. 12/97)

TREATMENT PLAN REVIEW

Scheduled Review Date: 12/6/99 Date of Review: 12/6/99

...nutes: (I) reports doing "alright." (I) continues to report difficulty ...leeping. (I) denies si/hi or A/V hallucinations. (I) reports feeling less depressed. (I) affect ...ess blunted, mood calm and cooperative. Team processed [illegible] of (I) advancing to level III. ...o specific c/o.

... Woods 329889

...ff Members Present: Klisby, V. Pruitt, [signature] c/o S. Scara..., [signature]

Scheduled Review Date: 12/22/99 Date of Review: 12/22/99

...nutes: (I) affect blunted, mood frustrated. (I) denies si/hi or A/V hallucinations ... denies depression despite affect. (I) reports sleeping "a couple of hours here and there" -- he reports ...hat he doesn't sleep all night. (I) eye contact good. (I) answers all questions in monosyllabic ...orm -- difficult to engage in conversation

...X Woods 329889

...aff Members Present: Klisby, C/O [signature], [signature], V. Pruitt,

Scheduled Review Date: 1/3/00 Date of Review: 1/3/00

...inutes: (I) affect/mood appropriate. (I) smiled during T. team. (I) denies ...si/hi, depression or A/V hallucinations. (I) becoming more active in group participation. (I) interested ...n advancing to level IV.

... Woods 329889

...aff Members Present: Kisby c/o [signature] c/o J. Brown II, V. Pruitt, [signature]

Inmate Name: WOODS, BRUCE Inmate Number: 329-889

...5198 (Rev. 12/97)
...4349, 4351, 4354, 4355

0000035

TREATMENT PLAN REVIEW

Scheduled Review Date:	Date of Review:
1/24/2000	1/24/2000

ıtes: (I) affect blunted, mood depressed though less than last few wks. (I) denies depression however. (I) denies si/hi or a/v hallucinations. (I) reports that he declines opportunities for outside recreation due to cold weather. (I) housed in segregation, awaiting resolution s/c/ detainer. no specific c/o.

Members Present: Risby, L Prescott, D Miller

Scheduled Review Date:	Date of Review:
2/9/2000	2/9/2000

ıutes: (I) affect/mood pleasant today. (I) denies si/hi or a/v hallucinations, denies depression or problems interacting with peers. Treatment team processed issue of (I) advancing level III. (I) was informed of the need for him to participate in anger management classes to maintain lvl III. (I) agreed to this parameter. No specific complaints voiced.

Woods 329889

ff Members Present: R. Risby S. J. B.

Scheduled Review Date:	Date of Review:
	2/26/00

ıutes: Affect brighter. Inmate Woods waiting for a transfer to Warren. Denies problems w/ others. States parole is helping. Denies depression, S/I, H/I. sleep & appetite "ok". X Woods 329889

aff Members Present: P. Nicastro RN, C/O Stuart S.

Inmate Name:	Inmate Number:
WOODS, BRUCE	329-889

: 5198 (Rev. 12/97)
. 4349, 4351, 4354, 4355

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TREATMENT PLAN REVIEW

Minutes: (I) affect / mood brighter. (I) states "I'm alright". Denies wanting to hurt himself or others. Eating and sleeping okay. (I) denies SI/HI or A/V hallucinations. (I) Woods is just waiting on his transfer to another facility. Woods	Scheduled Review Date: 3-15-00	Date of Review: 3-15-00

Staff Members Present: [illegible], U. Pruitt, [illegible]

Minutes:	Scheduled Review Date:	Date of Review:

Staff Members Present:

Minutes:	Scheduled Review Date:	Date of Review:

Staff Members Present:

5198 (Rev. 12/97)

Inmate Name: Woods, B

Inmate Number: 329 859

0000037

WOODS 327-997

TREATMENT PLAN REVIEW

Minutes: (I) is no longer on medication. (I) denies depressive symptoms. (I) participates only minimally in treatment with MHL and Psychiatrist. (I) maintains there is nothing wrong with him and wants to be D/C from caseload.

Scheduled Review Date: 8/12/00

Date of Review: 8/17/00

Staff Members Present: [signature] RN II S Raju MD [signature] [signature]
X Woods 327997

Minutes:

Scheduled Review Date:

Date of Review:

Staff Members Present:

Minutes:

Scheduled Review Date:

Date of Review:

Staff Members Present:

Inmate Name:	Inmate Number:

DRC 5198 (Rev. 12/97)

Mental Health Level of Care Determination

Inmate Name:	Number:	Institution:	Date:
Woods	329-889	WCI	8/28/00

☐ Initial ☒ Annual Review ☐ Update

C1 Categorical (SMI)

☐ 290.XX Dementia	☐ 295.XX Schizophrenia	☐ 295.40 Schizophreniform D/O
☐ 295.70 Schizoaffective	☐ 296.2X MDD Single, Severe	☐ 296.3X MDD, Recurrent
☐ 296.XX Bipolar D/O	☐ 297.1 Delusional D/O	☐ 298.X Brief Psychotic or NOS
☐ 318.0 Moderate MR		

C1 Functional (SMI)

☐ 296.XX Mood Disorders	☐ 300.XX Panic D/O	
☐ 300.00 Anxiety D/O NOS	☐ 300.02 GAD	
☐ 300.3 OCD	☐ 300.4 Dysthymic D/O	
☐ 309.81 PTSD	☐ 301.83 Borderline P.D.	

PLUS

(One of the following within the past 2 years)

- ☐ 2 Prior Psychiatric Hospitalizations
- ☐ 1 OCF Hospitalization > 45 Days
- ☐ RTU > 60 Days

C2

☐ 291.X ETOH	☐ 292.X Substance Related D/O	☐ 293.X Psychosis or Mood D/O 2° Medical
☐ 294.X Memory or Cognitive D/O 2° Medical or NOS	☐ 296.X Mood Disorder	☐ 300.XX Panic D/O
☐ 300.00 Anxiety D/O NOS	☐ 300.02 GAD	☐ 300.3 OCD
☐ 300.4 Dysthymic D/O	☐ 302.X Paraphilia on Meds	☐ 309.XX Adj. D/O on Meds
☐ 309.81 PTSD	☐ 311 Depressive D/O NOS	☐ 301.83 Borderline PD

C3

☐ 300.XX Panic D/O	☐ 300.00 Anxiety D/O NOS	☐ 300.02 GAD
☐ 300.3 OCD	☐ 300.4 Dysthymic D/O	☐ 301.XX Personally D/O
☐ 302.X Paraphilia	☐ 307.8X Panic D/O with Psychology/Medical	☐ 308.X Acute Stress D/O
☒ 309.XX Adjustment D/O	☐ 309.81 PTSD	☐ 311 Depressive D/O NOS
☐ 312 Impulsive Control D/O		

N

☐ No Mental Health Services Needed

SO

☐ Sex Offender Services

Printed Name of Licensed Person Completing Review:	Signature:
K. Washington Ph.D	

Referral to Mental Health Services

Inmate name:	Number:	Date of Referral:
Woods	329-889	9/6/00
Job:	**Lock:**	**Unit:**
	3C	3C

Urgency Level: ☐ Routine ☐ ASAP ☒ Urgent

Reason for Referral:

(F) is asking to talk w/ Dr. Raju or someone else. Very irritated.

Referred by:	
CO Walker (?)	
Title:	**Phone Ext.:**
Corrections officer	3400

Response: (I) seen 9/6/00.

Mental Health Staff Signature:	Date of Response:
SWII	9/6/00
Supervisor Signature:	

DRC 5265 (6/99) DISTRIBUTION: WHITE - Mental Health CANARY - Unit File

Mental Health Services

Recommendation For Discharge From The Mental Health Caseload

Inmate Name: Woods Number: 329-889

All recommendations must be supported by documentation on Interdisciplinary Progress Notes.

Treatment Coordinator Recommendation:

The above named inmate has been evaluated, and recommendation is made to discharge this inmate from the mental health caseload.

Summary Statement in Support of Recommendation:

① diagnosis is adjustment D/O with depressed mood. Medication was discontinued 6/1/00 and ② remains stable. ③ participation in treatment has been minimal and it appears he is receiving little to no benefit from mental health services. No 70 day follow up required.

Kimberly Demeter — Social Worker II — 9/6/00

Name — Title — Date

Psychiatric Consultation:

[✓] I concur with the above recommendation (Reduce to P1A Status)

[ ] I do not concur with the above recommendation

Comments: Doing fairly well ⊼ medication. Stable
pt requesting D/C from case load.

S. Raju MD — 9/12/00

Psychiatrist Signature — Date

Follow up: (70 days after Psychiatric Consultation)

[ ] This inmate may be discharged from the mental health caseload (Reduce to P1 Status)

[ ] This inmate should be maintained on the mental health caseload

Comments:

Name — Title — Date

WCI NKA

WOODS

329-889

6/1/00 0920 H

Ward RN Date Time

Drug Sensitivity

Prob. No. Date: 6-1-00 Time: 9:15 AM

DC Paxil (Pt noncompliant for a month)

Signature: S Kapur MD

1 DOCTOR'S ORDERS

WCI NKA

Woods

329 889

Ward RN Date Time

Prob. No. Date: Time: 2

Renew Paxil 20 mg 3 months

Signature: S Kapur MD

4 DOCTOR'S ORDERS

Ward RN Date Time

Run addressograph machine over patients name plate only

Prob. No. Date: Time:

2 DOCTOR'S ORDERS

Ward RN Date Time

Drug Sensitivity

Prob. No. Date: Time:

Signature:

1 DOCTOR'S ORDERS